

PEDIATRIC NURSING FACILITY LEVEL OF CARE

Summary:

1. Nursing facility level of care is appropriate for individuals who do not require hospital care, but who, on a regular basis, require licensed nursing services, rehabilitation services, or other health-related services *ordinarily provided in an institution*. With respect to an individual who has a mental illness or mental retardation, nursing facility level of care services are usually inappropriate unless that individual's mental health needs are secondary to needs associated with a more acute physical disorder.
2. The criteria set forth herein encompass both "skilled" and "intermediate" levels of care services.
3. A nursing facility level of care is indicated if the conditions of Column A or Column B are satisfied in addition to the conditions of Column C being satisfied. Conditions are derived from 42 C.F.R.409.31 – 409.34.

COLUMN A		COLUMN B	COLUMN C
<p style="text-align: center;">II.</p> <ol style="list-style-type: none"> 1. The individual requires service which is so inherently complex that it can be safely and effectively performed only by, or under the supervision of, technical or professional personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, and speech pathologists or audiologists, <p style="text-align: center;">AND</p> <p>In addition to the condition listed above, one of the following subparts of #2 must be met:</p> <p style="text-align: center;">I.</p> <ol style="list-style-type: none"> 2. The service is one of the following or similar and is required seven days per week: <ol style="list-style-type: none"> a. Overall management and evaluation of a care plan for an individual who is totally dependent in all activities of daily living b. Observation and assessment of an individual's changing condition because the documented instability of his or her medical condition is likely to result in complications, or because the documented instability of his or her mental condition is likely to result in suicidal or hostile behavior c. Intravenous or intramuscular injections or intravenous feeding d. Enterable feeding that comprises at least 26 per cent of daily calorie requirements and provides at least 501 milliliters of fluid per day e. Nasopharyngeal or tracheostomy aspiration f. Insertion and sterile irrigation or replacement of suprapubic catheters g. Application of dressings involving prescription medications and aseptic techniques h. Treatment of extensive decubitus ulcers or other widespread skin disorder i. Heat treatments as part of active treatment which requires observation by nurses j. Initial phases of a regimen involving administration of medical gases k. Rehabilitation nursing procedures, including the related teaching and adaptive aspects of nursing, that are part of active treatment <p style="text-align: center;">OR</p>		<ol style="list-style-type: none"> 1. The individual has a chronic condition that is relatively stable but still requires professional (e.g. CNA or therapy assistant) observation, assessment, and hands-on treatment for maintenance. 2. The service needed is above general supervision, room and board, and interventions or activities to address age appropriate limitations. 	<ol style="list-style-type: none"> 1. The service needed has been ordered by a physician. 2. The service will be furnished either directly by, or under the supervision of, appropriately licensed personnel. 3. <i>The service is required 24 hours per day and is ordinarily furnished, as a practical matter, on an inpatient basis.</i>
<p style="text-align: center;">OR</p> <p style="text-align: center;">III</p> <ol style="list-style-type: none"> 2. The service is one of the following only if an additional special medical complication requires that it be performed or supervised by technical or professional personnel: <ol style="list-style-type: none"> a. Administration of routine medications, eye drops, and ointments. b. General maintenance care of colostomy or ileostomy c. Routine services to maintain satisfactory functioning of indwelling bladder catheters d. Changes of dressings for non-infected postoperative or chronic conditions e. Prophylactic and palliative skin care, including bathing and application of creams, or treatment of minor skin problems f. Routine care of incontinent individuals, including use of diapers and protective sheets g. General maintenance care (e.g. in connections with a plaster cast) h. Use of heat as a palliative and comfort measure (e.g. whirlpool and hydrocollator) i. Routine administration of medical gases after a regimen of therapy has been established j. Assistance in dressing, eating, and toileting k. Periodic turning and positioning of patients. l. General supervision of exercises that were taught to the individual and can be safely performed by the individual including the actual carrying out of maintenance programs 			

INTERMEDIATE CARE FACILITY (ICF/MR) LEVEL OF CARE

Summary:

1. ICF/MR level of care is appropriate for individuals who require the type of active treatment typically provided by a facility whose primary purpose is to furnish health and rehabilitative services to persons with mental retardation or related conditions.
2. An ICF/MR level of care is indicated if one condition of Column A is satisfied in addition to the conditions Column B and Column C being satisfied. Conditions derived from 42 C.F.R. 440.150, 435.1009, and 483.440(a).

COLUMN A	COLUMN B	COLUMN C
<ol style="list-style-type: none">1. The individual has mental retardation.2. The individual has a severe chronic disability attributable to cerebral palsy or epilepsy.3. The individual has a condition, <i>other than mental illness</i>, which is found to be closely related to mental retardation because it is likely to last indefinitely, requires similar treatment and services, constitutes an impairment of general intellectual functioning, and results in substantial limitations in three or more of the following: self-care, understanding and use of language learning, mobility, self direction, and capacity for independent living.	<p>On a continuous basis, the individual requires aggressive consistent implementation of a program of specialized and generic training, treatment, health services, and related services which is directed towards—</p> <ol style="list-style-type: none">a. The acquisition of the skills necessary for the individual to function with as much self-determination and independence as possible; andb. The prevention of further decline of the current functional status or loss of current optimal functional status.	<ol style="list-style-type: none">1. The service needed has been ordered by a physician.2. The service will be furnished either directly by, or under the supervision of, appropriately licensed personnel.3. The service is required 24 hours per day and is ordinarily furnished, as a practical matter, on an inpatient basis.4. The service is above room and board, maintenance of a generally independent individual who is able to function with little supervision, and interventions or activities to address age appropriate limitations.

HOSPITAL LEVEL OF CARE

Summary:

1. Hospital level of care is appropriate for individuals who continuously require the type of care ordinarily provided in an institution for the care and treatment of inpatients with disorders other than mental diseases.
2. A hospital level of care is indicated if the conditions of Column A, Column B, and Column C are satisfied. Conditions derived from 42 C.F.R 440.10.

COLUMN A	COLUMN B	COLUMN C
<ol style="list-style-type: none">1. The individual has a condition for which room, board, and professional services furnished under the direction of a physician or dentist is expected to be medically necessary for a period not less than 24 hours.2. The professional services needed are something other than nursing facility and ICF/MR services.	The individual's condition meets inpatient-qualifying criteria such as InterQual. *	<ol style="list-style-type: none">1. The service needed has been ordered by a physician.2. The service will be furnished either directly by, or under the supervision of, a physician or dentist.3. The service is ordinarily furnished, as a practical matter, in an appropriately licensed institution for the care and treatment of patients with disorders other than mental diseases.

* The use of InterQual is not specifically referenced in the CFR